

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>101005 471</u>	FILING DATE <u>11-6-01</u>
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3	/						53
4	/						54
5	/						55
6	/						56
7	/						57
8	/						58
9	/						59
10							60
11							61
12							62
13							63
14							64
15							65
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37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL NO.	2						
TOTAL DEP.	7						
TOTAL CLAIMS	9	SEARCHED	EXAMINED	SEARCHED	EXAMINED		
TOTAL IND.							
TOTAL DEP.							
TOTAL		SEARCHED	EXAMINED	SEARCHED	EXAMINED		